

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>WILLIAM M. SMITH TOWNSEND AND TOWNSEND KIDORIE STEUART STREET TOWER ONE MARKET PLAZA, 20TH FLOOR SAN FRANCISCO CA 94105</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (S)	EXAMINER AND GROUP ART UNIT	DATE MAILED
60/154,012	11/16/93	029	CRONCE, D. 1919	12/18/96
First Named Applicant: DEBOER, HERMAN A.				

TITLE OF INVENTION METHOD OF PRODUCING A TRANSGENIC BOVINE OR TRANSGENIC (BOVINE) EMBRYO (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
146433	0101	0001	1		\$645.00	02/18/97

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	<p>Townsend and Townsen and Crew LLP</p>

DO NOT USE THIS SPACE

82188-561

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE Gene Pharming Europe BV		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
(2) ADDRESS: (CITY & STATE OR COUNTRY) 2333 CA, Lieden, The Netherlands		6b. The following fees should be charged to: (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 250 <input checked="" type="checkbox"/> Any Deficiencies In Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) J. Welserud Reg. No. 37,505 (Date) 1/28/97	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE